

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

SEP 26 1933

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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. 5th

Registration District No. 389

Primary Registration District No. 1003

File No. 26641
Registered No. 3362
St. 3362 Ward

2. FULL NAME

(a) Residence, No. 1125 Pacific St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-19-1888

7. AGE YEARS 52 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg mo

FATHER 13. NAME M. Dickerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Kate Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Verberna Carriger (ADDRESS) 1125 Pacific

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 8-23-1933

19. UNDERTAKER H. B. Moore (ADDRESS) 1826 E. 18th St.

20. FILED 8/23/33 19 33 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17-1933 to Aug 22-1933
I last saw him alive on Aug 22-1933 Death is said to have occurred on the date stated above, at mo.

The principal cause of death and related causes of importance were as follows:

Pharyngitis (acute) Date of onset 8-10

Other contributory causes of importance:

Typhoid Fever Aug 1933

Name of operation none Date of mo

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. B. Bishop M. D.

B. BISHOP, M. D. 568 Ridge Bldg. D.

Velborn, Kansas

Ph-F1.0590 N4-Registration#5073

R. R. Bishop

920 Main St

Dodge Bldg.

Ma 2020

913 Main